

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1385

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City No. 3 Cresthaven St. _____ (Ward)

File No. _____
Registered No. 370

2. FULL NAME

Virginia Read 300

(a) Residence, No. Elsmera Hotel St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carville A. Read

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 1864

7. AGE YEARS 76 MONTHS 5 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) _____ X 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

FATHER 13. NAME Charles Warfield Helm /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia /

MOTHER 15. MAIDEN NAME Ellen L. Hanson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. J. S. Helm, 2027 Columbus Ave., Muskogee, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial, Memorial Park DATE 1-25-40 19.

19. UNDERTAKER (ADDRESS) Stine & McClure, 3235 Gilliam Plaza, K.C., Mo.

20. FILED Jan. 25 1940 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to Jan 23rd 1940

I last saw her alive on Jan 22, 1940 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Date of onset May 1939

Other contributory causes of importance: acute myocarditis mech

Name of operation _____ Date of _____

What test confirmed diagnosis? sympy Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Otho W. Huffman M. D.
(Address) 806 Briarcliff Dr., K.C., Mo.

